



# Incident Report

**Print Date/Time:** 04/02/2016 18:46  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00005647

**Incident Date/Time:** 3/24/2016 3:36:00 PM  
**Location:** 2213 131ST AVE NE  
LAKE STEVENS WA 98258  
**Phone Number:** (360) 771-8641  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D4	SS0138-Fiske

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MORTENSON, MIKE					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
------	------	------	------	-------	-------	---------	-------

## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

03/24/2016 : 15:38:50 SP0400 Narrative: NON-INJ, PARTIALLLY BLKING 131'ST

03/24/2016 : 15:38:26 SP0400 Narrative: CC, RP BACKED INTO A POWER POLE, RP DRIVING WHI SEMI-TRUCK SAYS  
"CONWAY" ON SIDE


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

**REPORT NO. E530071**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

**TRIBAL RESERVATION**
**CASE # 2016-00005647**
**LOCAL AGENCY CODING 0311900**
**TOTAL # OF UNITS 02 OBJECT STRUCK UTILITY POLE**

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 03 - 24 - 2016	1538	31		0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
131ST AVE NE		BLOCK NO. 2213
		MILE POST

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)

<b>UNIT 01</b>	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 3607718641
----------------	---	--------------------------------------	--	---------------------

LAST NAME	MORTENSEN JR	FIRST NAME	MICHAEL	MIDDLE INITIAL	A
-----------	--------------	------------	---------	----------------	---

STREET NEW ADDRESS	5241 RAZOR PEAK DR
--------------------	--------------------

CITY	MOUNT VERNON	ST	WA	ZIP	982736006
------	--------------	----	----	-----	-----------

CDL	A	RESTRICTIONS	ENDORSEMENTS	L, T, X
-----	---	--------------	--------------	---------

DRIVER'S LICENSE #	MORTEMA197N8	STATE	WA	SEX	M	D.O.B. MMDDYYYY	08	-	28	-	1981
--------------------	--------------	-------	----	-----	---	-----------------	----	---	----	---	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------

LICENSE PLATE #	2493555	STATE	IN	VIN#	2FWBA2CG67AW76137
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2007	MAKE	STER	MODEL	TR	STYLE	SE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	----	-------	----	---	----------	---

REGISTERED OWNER INFO. XPO LOGISTICS FREIGHT INC 3200 INDUSTRIES RD RICHMOND IN 47374

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO 6524239
---	-------------------------	----------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------

<b>UNIT 02</b>	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4257831000
----------------	--	--------------------------------------	-------------------------------------	--	--	---------------------

LAST NAME	PUD	FIRST NAME		MIDDLE INITIAL	
-----------	-----	------------	--	----------------	--

STREET NEW ADDRESS	2320 CALIFORNIA ST
--------------------	--------------------

CITY	EVERETT	ST	WA	ZIP	98201
------	---------	----	----	-----	-------

CDL		RESTRICTIONS	ENDORSEMENTS
-----	--	--------------	--------------

DRIVER'S LICENSE #		STATE		SEX	U	D.O.B. MMDDYYYY		-		-	
--------------------	--	-------	--	-----	---	-----------------	--	---	--	---	--

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
----------------------------------	--------	--------	--	--------	--	-------	--	------------	--	--------------	--	--------------------

LICENSE PLATE #		STATE		VIN#	
-----------------	--	-------	--	------	--

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
-----------	--	------	--	-------	--	-------	--	--	----------	--

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
--	-------------------------	--

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------

OFFICER'S NAME (PRINT)	B. FISKE #0138	BADGE OR ID #	0138	AGENCY	WA0311900
------------------------	----------------	---------------	------	--------	-----------


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E530071**CASE # **2016-00005647**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

**NARRATIVE**

V1, a semi truck, was backing up on 131st Ave NE and struck the utility pole. The damage was not severe and appeared to just crack a plastic piece on the pole. The pole number was VZ256241.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**B. FISKE #0138**
**03-30-16 09:52 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

SGT. C. VALVICK 0071

3/31/2016 5:00:47 PM

BADGE OR ID #	<b>0138</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>3:45 PM</b>	TIME POLICE ARRIVED	<b>3:45 PM</b>
---------------	-------------	-------	------------------	------------------------	----------------	---------------------	----------------

REPORT NO. E530071

CASE # 2016-00005647

DATE AND TIME  
OF COLLISION 03/24/16 15:38



Not to Scale

